**New Application: Neurology**

**Review Committee for Neurology**

**ACGME**

**Oversight**

**Resources**

1. Facilities
2. Briefly describe the physical facilities at each participating site for the inpatient and outpatient examination and care of neurology patients. [PR I.D.1.a)] (Limit response to 400 words)

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1. Indicate if the following office spaces and resources are available to the residency program. [PR I.D.1.a)]

| **Faculty Offices and Facilities** | |
| --- | --- |
| Neurology faculty offices | YES  NO |
| Secretary office space for neurology | YES  NO |
| **Resident Offices and Resources** | |
| Do residents have access to adequate workspace? | YES  NO |
| Are there offices for residents? | YES  NO |

1. Briefly describe clinical laboratory facilities, including mechanisms for reporting of test results. [PR I.D.1.a)] (Limit response to 400 words)

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1. Briefly describe conference facilities available to the program. [PR I.D.1.a)] (Limit response to 400 words)

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1. Briefly describe the research facilities available to the program. [PR I.D.1.a)] (Limit response to 400 words)

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1. Indicate whether the resources listed are available to the program. [PR I.D.1.a)]

| **Diagnostic Resources** | | |
| --- | --- | --- |
| Cytogenetics and Genetic Testing | | YES  NO |
| Diagnostic Radiological Services | | YES  NO |
| PET | | YES  NO |
| MRI and MRA | | YES  NO |
| Electrodiagnosis: | | YES  NO |
| Ambulatory EEGs | | YES  NO |
| EEG | | YES  NO |
| EMG/NCV | | YES  NO |
| Evoked Potentials – visual, auditory, somatosensory | | YES  NO |
| Intraoperative Monitoring | | YES  NO |
| Single Fiber Studies | | YES  NO |
| Video-EEG Monitoring | | YES  NO |
| **Related Diagnostic and Therapeutic Services** | | |
| Interventional Neuroradiology | YES  NO | |
| Occupational Therapy | YES  NO | |
| Pain Management | YES  NO | |
| Physical Therapy | YES  NO | |
| Rehabilitation Medicine | YES  NO | |
| Speech | YES  NO | |
| Genetic Counseling Service | YES  NO | |
| Psychiatric Services | YES  NO | |
| Psychology Services | YES  NO | |
| Radiation Oncology service and facilities | YES  NO | |
| Social Services | YES  NO | |

1. In the table below, provide the requested inpatient data for each participating site used by the program. Use site numbers as indicated in the ACGME’s Accreditation Data System (ADS). [PR I.D.4.a)]

|  | **Site #1** | **Site #2** | **Site #3** | **Site #4** | **Site #5** | **Site #6** | **Site #7** | **Site #8** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Bed Capacity** | | | | | | | | |
| Neurology beds | # | # | # | # | # | # | # | # |
| # Adults | # | # | # | # | # | # | # | # |
| # Children | # | # | # | # | # | # | # | # |
| **Admission Data (past year)** | | | | | | | | |
| Total admissions to hospital | # | # | # | # | # | # | # | # |
| To neurology services | # | # | # | # | # | # | # | # |
| # Adults | # | # | # | # | # | # | # | # |
| # Children | # | # | # | # | # | # | # | # |
| Percent Male | # % | # % | # % | # % | # % | # % | # % | # % |
| Average daily neurology census | # | # | # | # | # | # | # | # |
| Average length of stay | # | # | # | # | # | # | # | # |
| **Hospital Consultations** | | | | | | | | |
| # Adults | # | # | # | # | # | # | # | # |
| # Children | # | # | # | # | # | # | # | # |

3. Diagnostic Categories

In the table below, indicate the conditions for which residents will be involved in patient management. [PR I.D.4.a).]

| **Condition** | **Inpatient** | | **Outpatient** | |
| --- | --- | --- | --- | --- |
| **Adult** | **Children** | **Adult** | **Children** |
| Autoimmune and vasculitis | YES  NO | YES  NO | YES  NO | YES  NO |
| Disorders of cognition | YES  NO | YES  NO | YES  NO | YES  NO |
| Drugs and toxic disorders | YES  NO | YES  NO | YES  NO | YES  NO |
| Epilepsy | YES  NO | YES  NO | YES  NO | YES  NO |
| Infections | YES  NO | YES  NO | YES  NO | YES  NO |
| Metabolic/endocrine disorders | YES  NO | YES  NO | YES  NO | YES  NO |
| Movement disorders | YES  NO | YES  NO | YES  NO | YES  NO |
| Multiple sclerosis | YES  NO | YES  NO | YES  NO | YES  NO |
| Muscle disease | YES  NO | YES  NO | YES  NO | YES  NO |
| Neoplastic diseases | YES  NO | YES  NO | YES  NO | YES  NO |
| Neurologic emergencies and ICU patients | YES  NO | YES  NO | YES  NO | YES  NO |
| Other degenerative disorders | YES  NO | YES  NO | YES  NO | YES  NO |
| Sleep disorders | YES  NO | YES  NO | YES  NO | YES  NO |
| Stroke | YES  NO | YES  NO | YES  NO | YES  NO |
| Syncope | YES  NO | YES  NO | YES  NO | YES  NO |
| Trauma | YES  NO | YES  NO | YES  NO | YES  NO |

4. In the table below, provide the requested information on any residents and fellows from other ACGME-accredited programs who rotated through neurology during the last academic year. Reference site numbers as indicated in ADS. [PR I.E.1.]

| **Specialty and Years of GME**  **(e.g., Internal Medicine, PGY-2)**  **Indicate PGY Level(s)** | **Number of Residents in the Last Year** | **Months Each Resident Spent in Neurology** | **Neurology Assignment (ward, clinic, other)** | **Site #** |
| --- | --- | --- | --- | --- |
| Internal Medicine PGY-# | # | # | Assignment | # |
| Neurological Surgery PGY- # | # | # | Assignment | # |
| Physical Medicine and Rehabilitation PGY- # | # | # | Assignment | # |
| Psychiatry PGY- # | # | # | Assignment | # |
| Family Medicine PGY- # | # | # | Assignment | # |
| Transitional Year PGY- # | # | # | Assignment | # |
| Other PGY- (specify) | # | # | Assignment | # |

5. Specify the percentage of time the program director has available for program administration:   
[PR II.A.2.] # %

6. Will the percentage of salary support provided for the program director be at least 35 percent FTE, plus additional support, depending on the number of residents in the program, to allow for administration of the program? [PR II.A.2. and II.A.2.a)  YES  NO

Explain if “NO”. (Limit response to 400 words)

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**Personnel**

**Faculty**

Indicate whether faculty members in each of the following disciplines will be available to residents on a regular basis: [PR II.B.1.b)]

| **Discipline** | **YES** | **NO** |
| --- | --- | --- |
| Behavioral neurology |  |  |
| Cerebrovascular disease |  |  |
| Child neurology |  |  |
| Clinical neurophysiology |  |  |
| Critical care |  |  |
| Epilepsy |  |  |
| Infectious disease |  |  |
| Movement disorders |  |  |
| Neurogenetics |  |  |
| Neuroimaging |  |  |
| Neuroimmunology |  |  |
| Neurology of aging |  |  |
| Neuromuscular disease |  |  |
| Neuro-oncology |  |  |
| Neuro-ophthalmology |  |  |
| Neurotology |  |  |
| Pain management |  |  |
| Psychiatry |  |  |
| Sleep disorders |  |  |

**Resident Appointments**

1. Does the program criteria for resident eligibility meet the specifications as noted in the Institutional Requirements? [PR III.A.]  YES  NO

Explain if “NO” (Limit response to 400 words)

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**Educational Program**

**Curriculum Components**

1. Will the curriculum advance residents’ knowledge of the basic principles of research? [PR IV.A.6.]  
     YES  NO

**ACGME Competencies**

**Professionalism**

Briefly describe the learning activity(ies), other than lecture, through which residents will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles, including: compassion, integrity, and respect for others; responsiveness to patient needs that supersedes self-interest; respect for patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. [PR IV.B.1.a).(1).(a)-(e)] (Limit response to 400 words)

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**Patient Care**

Indicate the settings and activities in which residents will demonstrate competence in the evaluation and management of the following area of patient care. Also indicate the method(s) that will be used to assess competence.

| **Competency Area** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Management of outpatients and inpatients with neurological disorders across the lifespan, including those who require emergency and intensive care  [PR IV.B.1.b).(1).(a)] | Click here to enter text. | Click here to enter text. |

**Medical Knowledge**

Indicate the activities (lectures, conferences, journal clubs, clinical teaching rounds, etc.) in which residents will demonstrate knowledge in each of the following areas. Also indicate the method(s) that will be used to assess resident knowledge in each area.

| **Area of Knowledge** | **Settings/Activities** | **Assessment Method(s)** |
| --- | --- | --- |
| Major developments in the clinical sciences relating to neurology  [PR IV.B.1.c).(1)] | Click here to enter text. | Click here to enter text. |
| Knowledge of: aspects of neurology, child neurology, clinical neurophysiology, epilepsy, headache, infectious disease, movement disorders, neurocritical care, neurogenetics, neuroimaging, neuroimmunology, neurology of aging, neuromuscular medicine, neuro-oncology, neurotology, neuro-ophthalmology, neuropathology, pain management, sleep disorders, and vascular neurology.  [PR IV.B.1.c).(2) and IV.B.1.c).(2).(a)] | Click here to enter text. | Click here to enter text. |
| Bioethics  [PR IV.B.1.c).(2).(b)] | Click here to enter text. | Click here to enter text. |
| Palliative care, including adequate pain relief as well as psychosocial support and counseling for patients and families  [PR IV.B.1.c).(2).(c)] | Click here to enter text. | Click here to enter text. |
| Principles of psychopathology, psychiatric diagnosis, and therapy and the indications for and complications of drugs used in psychiatry  [PR IV.B.1.c).(2).(d)] | Click here to enter text. | Click here to enter text. |

**Practice-based Learning and Improvement**

1. Briefly describe one learning activity in which residents will demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. [PR IV.B.1.d)] (Limit response to 400 words)

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1. Briefly describe one planned learning activity in which residents will engage to identify strengths, deficiencies, and limits in their knowledge and expertise (self-reflection and self-assessment); set learning and improvement goals; and identify and perform appropriate learning activities to achieve self-identified goals (lifelong learning). [PR IV.B.1.d).(1).(a)-(c)] (Limit response to 400 words)

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1. Briefly describe one planned quality improvement activity or project that will allow residents to demonstrate an ability to analyze, improve, and change practice or patient care. Describe planning, implementation, evaluation, and provisions of faculty member support and supervision that will guide this process. [PR IV.B.1.d).(1).(d)] (Limit response to 400 words)

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1. Briefly describe how residents will receive and incorporate formative evaluation feedback into daily practice. (If a specific tool is used to evaluate these skills have it available for review during the accreditation site visit.) [PR IV.B.1.d).(1).(e)] (Limit response to 400 words)

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1. Briefly describe one example of a learning activity in which residents will engage to develop the skills needed to use information technology to locate, appraise, and assimilate evidence from scientific studies and apply it to their patients' health problems. [PR IV.B.1.d).(1).(f)] (Limit response to 400 words)

The description should include:

* Locating information
* Using information technology
* Appraising information
* Assimilating evidence information (from scientific studies)
* Applying information to patient care

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**Interpersonal and Communication Skills**

1. Briefly describe one learning activity through which residents will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. [PR IV.B.1.e)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop competence in communicating effectively with patients and their families across a broad range of socioeconomic and cultural backgrounds, and with physicians, other health professionals, and health-related agencies. [PR IV.B.1.e).(1).(a)-(b)] (Limit response to 400 words)

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1. Briefly describe one learning activity in which residents will develop the skills and habits to work effectively as a member or leader of a health care team or other professional group. In the example, identify the members of the team, responsibilities of the team members, and how team members communicate to accomplish responsibilities. [PR IV.B.1.e).(1).(c)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to act in a consultative role to other physicians and health professionals. [PR IV.B.1.e).(1).(e)] (Limit response to 400 words)

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1. Briefly describe how residents will be provided with opportunities to maintain comprehensive, timely, and legible medical records, if applicable. [PR IV.B.1.e).(1).(f)] (Limit response to 400 words)

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**Systems-based Practice**

1. Briefly describe the learning activity(ies) through which residents demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. [PR IV.B.1.f)] (Limit response to 400 words)

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1. Briefly describe the learning activity(ies) through which residents will develop competence in the elements of systems-based practice: working effectively in various health care delivery settings and systems, coordinating patient care within the health care system; incorporating considerations of cost-containment and risk-benefit analysis in patient care; advocating for quality patient care and optimal patient care systems; and working in interprofessional teams to enhance patient safety and care quality. [PR IV.B.1.f).(1).(a)-(d) and IV.B.1.f).(1).(f)] (Limit response to 400 words)

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3. Briefly describe an activity that will fulfill the requirement for experiential learning in identifying system errors and implementing potential systems solutions. [PR IV.B.1.f).(1).(e)] (Limit response to 400 words)

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**Curriculum Organization and Resident Experiences**

1. Neurology Continuity Clinic [PR IV.C.6.a).(2)]

|  | **How Many Planned Sessions Per Year on Average for Each PGY Level?** | **How Many Patients Will Be Scheduled Per Half Day for Each PGY Level?** | **Staff Member-to-Resident Ratio** | **On Average, What Percentage of Time Will Patients Be Seen by their Physician?** |
| --- | --- | --- | --- | --- |
| PGY-2 | # | # | #:# | # % |
| PGY-3 | # | # | # | # % |
| PGY-4 | # | # | # | # % |

a) Briefly describe how or why this clinic will meet the criteria for a continuity clinic. (See FAQ Category:Educational Program/Outpatient Experience/Continuity Clinic) (Limit response to 400 words)

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1. Specialty Clinic(s)

For each PGY level, list the number of sessions per year and the number of patients scheduled per half day. Repeat this table, as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Specialty Clinic Name:** | |  | |
|  | **How Many Sessions Per Year on Average for Each PGY Level?** | | **How Many Patients are Scheduled Per Half Day for Each PGY Level?** |
| PGY-2 | Avg sessions/year. | | Patients/half day |
| PGY-3 | Avg sessions/year. | | Patients/half day |
| PGY-4 | Avg sessions/year. | | Patients/half day |

2. Will the clinical psychiatry month be supervised by an American Board of Psychiatry and Neurology or American Osteopathic Board of Neurology and Psychiatry-certified psychiatrist? [PR IV.C.6.d)]

YES  NO

Explain if “NO.”

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3. Will residents participate in clinical teaching rounds, supervised by faculty members, at least five days per week? [PR IV.C.6.e)]  YES  NO

4. Will residents have exposure to and understanding of evaluation and management of patients with neurological disorders in various settings, including in an intensive care unit and an emergency department, as well as patients requiring acute neurosurgical management? [PR IV.C.6.f)]  
  YES  NO

5. Briefly describe the planned resident experience in neuroimaging. [PR IV.C.7.] (Limit response to 400 words)

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1. Will residents attend journal clubs? [PR IV.C.8.]  YES  NO

|  |  |
| --- | --- |
| If YES, how often? | # |

2. Indicate if seminars and conferences for each topic or area listed are presented for the residents. [PR IV.C.8.]

|  | **YES** | **NO** |
| --- | --- | --- |
| Neuroanatomy |  |  |
| Neurochemistry |  |  |
| Neurogenetics/Molecular neurology/Neuroepidemiology |  |  |
| Neuroimmunology/Neurovirology |  |  |
| Neuropathology |  |  |
| Neuropharmacology |  |  |
| Neurophysiology |  |  |
| Epidemiology |  |  |
| Neural development |  |  |
| Neuroimaging |  |  |
| Neuropsychology |  |  |
| Statistics |  |  |
| Cerebrospinal fluid |  |  |
| Development/disorders of childhood |  |  |
| Neuroendocrinology |  |  |
| Neuro-ophthalmology |  |  |
| Neuro-otology |  |  |
| Alcohol dependence/Substance abuse |  |  |
| Behavioral/Personality changes associated with structural changes |  |  |
| Physician-patient relationships |  |  |
| Altered states of consciousness |  |  |
| Diagnostic procedures |  |  |
| Memory disorders/cortical changes with dysfunction |  |  |
| Non-pharmacological therapeutic modalities |  |  |
| Principles of psychopathology |  |  |
| Psychiatric/neurologic problems associated with medical diseases |  |  |
| Psychiatry: Diagnostic criteria/transcultural/ forensic/psychopharmacology |  |  |
| Bioethics |  |  |
| Cost-effective care |  |  |
| Palliative care |  |  |
| Patient safety/quality assessment of clinical care |  |  |
| Public mental health |  |  |
| Systems-based practice |  |  |

3. Will residents attend at least one national professional conference during the educational program? [PR IV.C.11.]  YES  NO

**Residents’ Scholarly Activities**

1. Will the Sponsoring Institution and program allocate adequate educational resources to facilitate residents’ involvement in scholarly activities? [PR IV.D.1.b)]  YES  NO

Explain if “NO.” (Limit response to 400 words)

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**Evaluation**

**Resident Evaluation**

1. Will there be at least three different American Board of Psychiatry and Neurology-certified faculty members, including at least one child neurologist, involved with the evaluations? [PR V.A.1.c).(1).(a)]  YES  NO

2. How will residents be provided with formative feedback from their in-service training examination and other clinical assessments? [PR V.A.1.d).(1).(a)] (Limit response to 400 words)

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| Click here to enter text. |

3. Will data provided during the semiannual evaluations be used to prepare personal learning plans that are regularly reviewed and revised with the program director and/or resident’s mentor? [PR V.A.1.d).(1).(b)]  YES  NO

Explain if “NO.” (Limit response to 400 words)

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| Click here to enter text. |

4. Will the evaluations of residents’ performance be accessible for review by each resident, in accordance with institutional policy? [PR V.A.1.f)]  YES  NO

1. Will the program director provide a summative evaluation for each resident upon completion of the program that becomes part of the resident’s permanent record maintained by the institution, which is accessible for review by the resident in accordance with institutional policy? [PR V.A.2.a).(2).(a)]  YES  NO
   1. Will this evaluation document the resident’s performance during the final period of education? [V.A.2.a).(2).(b)]  YES  NO
   2. Will this evaluation document that the resident demonstrated sufficient competence to enter practice without direct supervision? [V.A.2.a).(2).(b)]  YES  NO

**Program Evaluation and Improvement**

1. How will the program ensure formal, systematic evaluation of the curriculum at least annually? [PR V.C.1.c.(1)] (Limit response to 400 words)

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| --- |
| Click here to enter text. |

2. Will faculty development be documented in the Annual Program Evaluation? [PR V.C.1.c).(7).(b)] (Limit response to 400 words)  YES  NO

1. Will graduate performance, including performance of program graduates on the certification examination, be documented in the Annual Program Evaluation? [PR V.C.1.c).(6).(d)]

YES  NO

4. Will the written plan of action resulting from the program evaluation be reviewed and approved by the members of the teaching faculty and the residents and be submitted to the designated institutional official following the review? [PR V.C.1.e), PR V.C.1.e).(1), and V.C.1.e).(2)]  
  YES  NO

**The Learning and Working Environment**

What is the maximum number of consecutive days residents will be assigned night float?   
[PR VI.F.6.a)] [ # ]